

Mississippi State Board of Physical Therapy

PO Box 55707

Jackson, MS 39296-5707

Phone: (601) 352-2918

Fax: (601) 352-2920

IF YOU DO NOT WISH TO RENEW, CHECK HERE _____

Renewal Application

LICENSURE RENEWAL PERIOD – July 1, 2016 to June 30, 2018

PLEASE CORRECT AND UPDATE ALL INFORMATION

PERSONAL

License #: _____

SSN: _____

Name: _____ Email Address: _____

Address: _____

City: _____

State: _____

Zip: _____

County: _____

Home Phone: _____

Cell Phone: _____

BUSINESS

Employer: _____

Address: _____

City: _____

State: _____

Zip: _____

County: _____

Business Phone: _____

PRACTICE TYPE

Insert # Primary: _____
Secondary: _____

- 1. Patient Care
- 2. Administration
- 3. Teaching
- 4. Research
- 5. Other Activity
- 6. Not Active in PT

PRACTICE SETTING

Insert # Primary: _____
Secondary: _____

- 1. >100 Bed Hospital
- 2. <100 Bed Hospital
- 3. Nursing Home
- 4. Home Health
- 5. Physicians Office
- 6. School
- 6. School
- 7. Private Practice
- 8. Outpatient Facility
- 9. Other
- 10. Not Applicable

RENEWAL QUESTIONS

Have you been convicted of a crime since your last renewal? _____

Have any lawsuits been filed against you since your last renewal? _____

Have any lawsuits that were filed against you been settled since your last renewal? _____

Has any license been encumbered in any way since your last renewal? _____

I hereby certify and affirm, under the penalties of perjury, that the information on both sides of this form is correct.

Signature

Date

I authorize the Board to release or disclose my home or residence address to any person or party who requests this information. This authorization remains effective during the entire licensure renewal period. Yes No

Signature

Date

- Have you: 1. Reviewed the above information and made all corrections?
- 2. Completed the CC Form (second page)?
- 3. Answered all the renewal questions by marking a yes, no or not applicable?
- 4. Signed and dated the renewal notice and waiver notice?
- 5. Enclosed the renewal fee (and other fees as applicable) made payable to MSBPT?